

EXHIBIT B

Jon Husted

Ohio Secretary

[Jon Husted & the Office](#) | [Elections & Voting](#) | [Campaign Finance](#) | [Legislation & Ballot Issues](#) | [Businesses](#) | [Records](#) | [Media Center](#) | [Publications](#)

Business Filing Portal

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[Agent/Contact Name](#)
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[Prior Business Name](#)

Corporation Details

Corporation Details		
Entity Number	1712826	
Business Name	OJM GROUP, LLC	
Filing Type	DOMESTIC LIMITED LIABILITY COMPANY	
Status	Active	
Original Filing Date	07/11/2007	
Expiry Date		
Location:	County:	State:
Agent / Registrant Information		
CORPORATE STATUTORY SERVICES, INC. 255 E. FIFTH ST. SUITE 2400 CINCINNATI, OH 45202 Effective Date: 04/09/2014 Contact Status: Active		
Incorporator Information		
JASON O'DELL		
Filings		
Filing Type	Date of Filing	Document Number/Image
ARTICLES OF ORGANIZATION/DOM. LIMITED LIABILITY CO	07/11/2007	200719300270
AMEND/ARTICLES-ORGANIZATION/DOM LIMITED LIAB. CO	10/23/2008	200829701840
FICTITIOUS NAME/ORIGINAL FILING	11/19/2008	200832402018
AMEND/ARTICLES-ORGANIZATION/DOM LIMITED LIAB. CO	07/05/2012	201219100480
SUBSEQUENT AGENT APPOINT/LIMITED/LIABILITY/PARTNERS	04/09/2014	201410000054
Old Names		
Effective Date	Old Name	
10/23/2008	OJM GROUP, LLC	
07/05/2012	O'DELL JARVIS MANDELL LLC	

[Return To Search Page](#) [Return To Search List](#) [Printer Friendly Report](#)



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/12/2007	200719300270	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1712826

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OJM GROUP, LLC

and, that said business records show the filing and recording of:

Document(s)
ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):
200719300270



Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 11th day of July, A.D.
2007.

United States of America
State of Ohio
Office of the Secretary of State

Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Office: (614) 466-3910
Toll Free: 1-877-SOS-HILB (1-877-767-3453)

www.sos.state.oh.us
E-mail: sosinfo@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

**ORGANIZATION / REGISTRATION OF
LIMITED LIABILITY COMPANY**
(Domestic or Foreign)
Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

CHECK ONLY ONE (1) BOX

(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic Limited Liability Company <small>(106-LCA) ORC 1705</small>	(2) <input type="checkbox"/> Application for Registration of Foreign Limited Liability Company <small>(106-LFA) ORC 1705</small>
(Date of Formation) _____	
(State) _____	

Complete the general information in this section for the box checked above.

Name OGM Group, LLC

Check here if additional provisions are attached

* If box '1' is checked, name must include one of the following endings: Limited liability company, Limited, L.L.C., L.L.C., L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date UPON FILING Date specified can be no more than 90 days after date of filing.
(month/day/year)

This limited liability company shall exist for _____ (Period of existence)
(Optional)

Purpose
(Optional)

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional)

(Name)

(Street)
NOTE: P.O. Box Addresses are NOT acceptable.

(City) _____ (State) _____ (Zip Code) _____

[Complete the information in this section if box (1) is checked Cont.]

ORIGINAL APPOINTMENT OF AGENT

The undersigned, being at least a majority of the members of

OJM Group, LLC

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

Jason O'Brien

(Agent's Name)

6641 Hinsdale Rd., Suite 208

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati

(City)

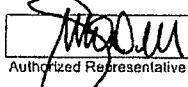
Ohio

(State)

45236

(Zip Code)

Must be authenticated by an
authorized representative



Authorized Representative

6/27/2007

Date



Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

OJM Group, LLC

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.



(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

<i>Complete the Information in this section if box (2) is checked.</i>	
The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is	
<hr/> <p>(Name)</p> <hr/> <p>(Street)</p> <p style="text-align: right;">NOTE: P.O. Box Addresses are NOT acceptable.</p> <hr/> <p>(City)</p> <p>(State)</p> <p>(Zip Code)</p>	
The name under which the foreign limited liability company desires to transact business in Ohio is	
<hr/> <hr/>	
The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is	
<hr/> <p>(Name)</p> <hr/> <p>(Street)</p> <p style="text-align: right;">NOTE: P.O. Box Addresses are NOT acceptable.</p> <hr/> <p>(City)</p> <p>Ohio</p> <p>(State)</p> <p>(Zip Code)</p>	
The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of this agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:	
<ol style="list-style-type: none"> the agent cannot be found, or the limited liability company fails to designate another agent when required to do so, or the limited liability company's registration to do business in Ohio expires or is cancelled. 	

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)

 Authorized Representative Date 6/27/2007

(Print Name) JASON O'DELL

Authorized Representative	Date
(Print Name)	



DATE: 10/24/2008	DOCUMENT ID 200829701840	DESCRIPTION AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	FILING 50.00	EXPED .00	PENALTY .00	CERT .00	COPY .00
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Receipt

This is not a bill. Please do not remit payment.

OJM GROUP LLC
8041 HOSBROOK RD., STE. 208
CINCINNATI, OH 45236

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1712826

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

O'DELL JARVIS MANDELL LLC

and, that said business records show the filing and recording of:

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200829701840



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 23rd day of October, A.D.
2008.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: buserv@sos.state.oh.us

Expedite this Form: (Select One)	
<i>Please check one of the following:</i>	
<input type="radio"/> Expedite	PO Box 1350 Columbus, OH 43216 <small>— Requires an additional fee of \$100 ***</small>
<input checked="" type="radio"/> Non Expedite	PO Box 1329 Columbus, OH 43216

**Domestic Limited Liability Company Certificate of
 Amendment or Restatement**
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company	(2) Domestic Limited Liability Company
<input checked="" type="checkbox"/> Amendment (129-LAM) <u>07-11-2007</u> Date of Formation	<input type="checkbox"/> Restatement (142-LRA) Date of Formation

The undersigned authorized representative of:

<u>OJM Group, LLC</u> Name of limited liability company	<u>1712826</u> Registration number
--	---------------------------------------

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

O'Dell Jarvis Mandell LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

 Check here if additional provisions are attached

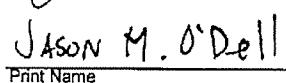
REQUIRED
Must be (signed) by a
member, manager or
other representative.



Signature

10-10-08

Date



Print Name

Signature

Date

Print Name

Signature

Date

Print Name



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/20/2008	200832402018	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

OJM GROUP LL
8041 HOSBROOK ROAD
STE 208
CINCINNATI, OH 45236

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1819561

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OJM GROUP

and, that said business records show the filing and recording of:

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 11/19/2013

Document No(s):

200832402018

O'DELL JARVIS MANDELL LLC
8041 HOSBROOK RD
STE 208
CINCINNATI, OH 45236



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 19th day of November,
A.D. 2008.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: buserv@sos.state.oh.us

Expedite this Form: (Select One)	
<i>Note: Form to one of the Following:</i>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 <small>*** Requires an additional fee of \$100 ***</small>
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

NAME REGISTRATION

(For Domestic/Foreign Profit or Nonprofit)
 Filing Fee \$50.00

RECEIVED

NOV 19 2008

SECRETARY OF STATE

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input type="checkbox"/> Trade Name (167-RNO) Date of first use _____ MM/DD/YYYY	(2) <input checked="" type="checkbox"/> Fictitious Name (169-NFO) _____	(3) Name Reservation (160-NRO) <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No. _____
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Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

OJM Group

The Registrant is (Check Appropriate Box)

<input type="checkbox"/> Individual	<input type="checkbox"/> Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____
<input type="checkbox"/> Limited Partnership: Reg. No. _____	<input type="checkbox"/> Unincorporated Association
<input checked="" type="checkbox"/> Ohio Limited Liability Co., Reg. No. <u>1712826</u>	<input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____
<input type="checkbox"/> Ohio Corporation, Charter No. _____	
<input type="checkbox"/> General Partnership _____	
<input type="checkbox"/> Other _____	

The name of the registrant designated above is

O'Dell Jarvis Mandell LLC

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

8041 Hosbrook Rd. Ste 208

NOTE: P.O. Box Addresses are NOT acceptable.

(Street)
Cincinnati(City)
Hamilton(County)
OH(State)
45236

(Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont..

Complete only if registrant is a general partnership
NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Financial planning services

Complete the information in this section if box (3) is checked.

- Please reserve the name listed below. (only one name per form)
- Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

REQUIRED

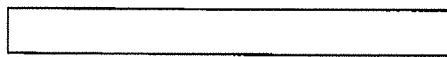
Must be authenticated (signed)
by an authorized representative
(See Instructions)



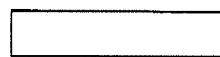
Authorized Representative

11-17-08

Date



Authorized Representative



Date



DATE: 07/10/2012	DOCUMENT ID 201219100480	DESCRIPTION LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	FILING 50.00	EXPED .00	PENALTY	CERT .00	COPY .00
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Receipt
This is not a bill. Please do not remit payment.

JASON O'DELL
8044 MONTGOMERY RD
STE. 440
CINCINNATI, OH 45236

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

1712826

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OJM GROUP, LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Document No(s):

201219100480

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 5th day of July, A.D.
2012.

Ohio Secretary of State



United States of America
State of Ohio
Office of the Secretary of State

Form 543A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

2012 JULY 5 MM 019

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

07-11-2007

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

O'Dell Jarvis Mandell, LLC

Name of limited liability company

1712826

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

OJM Group, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

For any lawful purpose.

Form 543A

Page 1 of 2

Last Revised: 1/9/12

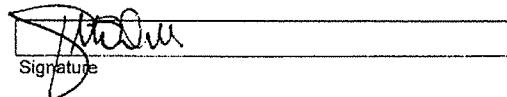
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

 X

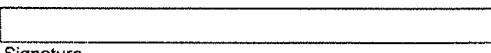
Signature

Manager

By (if applicable)

Jason O'Dell

Print Name



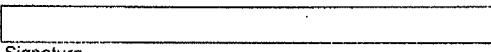
Signature



By (if applicable)



Print Name



Signature



By (if applicable)



Print Name

Form 590 Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
BusServ@OhioSecretaryofState.gov

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to
change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent

Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

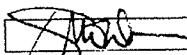
To Use The Name

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the
requisite authority to execute this document.

REQUIRED
Consent form must
be signed by an authorized
representative of the
consenting entity.

If authorized representative
is an individual, then they
must sign in the "signature"
box and print their name
in the "Print Name" box.

If authorized representative
is a business entity, not an
individual, then please print
the business name in the
"signature" box, an
authorized representative
of the business entity
must sign in the "By" box
and print their name in the
"Print Name" box.



Signature

Manager

By (if applicable)

Print Name

Signature

By (if applicable)



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/10/2014	201410000054	SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER (LSA)	25.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

KATZ TELLER BRANT & HILD LPA
AMY BROWN
255 E. 5TH ST., STE 2400
CINCINNATI, OH 45202

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

1712826

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OJM GROUP, LLC

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER

201410000054

Effective Date: 04/09/2014



Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 10th day of April, A.D.
2014.

Ohio Secretary of State

United States of America
State of Ohio
Office of the Secretary of State

From: 513 762 0000 Page: 4/6 Date: 4/9/2014 3:41:35 PM

Form 521 Prescribed by:
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 468-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

2014 APR -9
OH 3:40

**Statutory Agent Update
Filing Fee: \$25****(CHECK ONLY ONE(1) BOX)****(1) Subsequent Appointment of Agent**

- Corp (165-AGS)
 LP (165-AGS)
 LLC (171-LSA)
 Business Trust (171-LSA)
 Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent

- Corp (145-AGA)
 LP (145-AGA)
 LLC (144-LAD)
 Business Trust (144-LAD)
 Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent

- Corp (155-AGR)
 LP (155-AGR)
 LLC (153-LAG)
 Partnership (153-AGR)
 Business Trust (153-LAG)
 Real Estate Investment Trust (153-LAG)

Name of Entity Charter, License or Registration No. Name of Current Agent **Complete the information in this section if box (1) is checked**Name and Address
of New Agent

Name of Agent

Mailing Address

City
State
Zip Code

From: 513 762 0000 Page: 5/6 Date: 4/9/2014 3:41:35 PM

Complete the information in this section if box (1) is checked and business is an Ohio entity**ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT**The Undersigned,
Name of Agent
, named herein as thestatutory agent for
Name of Business Entity, hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Corporate Statutory Services, Inc.

Signature: By: *Amy E. Brown, Asst. Secy.*
Individual Agent's Signature/Signature on behalf of Corporate Agent If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**Complete the information in this section if box (2) is checked**New Address of Agent Mailing Address CityOhio
State Zip Code If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**Complete the information in this section if box (3) is checked**

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

 Mailing Address City State Zip Code

From: 513 762 0000 Page: 6/6 Date: 4/9/2014 3:41:35 PM

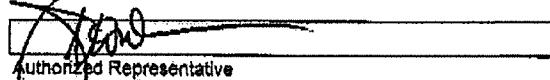
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

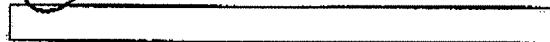
Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

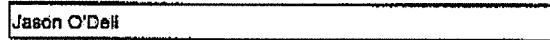
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



Authorized Representative



By (if applicable)



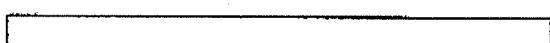
Print Name



Authorized Representative



By (if applicable)



Print Name